Division of Corporations

1/11/2017 2:01:23 PM PST

13239628300 From: Amanda Sando Page 1 of 2



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000010655 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Phone : (323)962-3889 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN L & N PROPERTY SOLUTIONS, LLC

Certificate of Status	0
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Page Count	06
Estimated Charge	\$55.00

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TO:

Registration Section

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	L & N PRO	OPERTY SOLUTIONS, LI	.c	
5050501,		Name of Lim	ited Liability Company	
The enclosed	I Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person)- 012-1
		Legalzoom.com, Inc.		
Firm/Company				<u> </u>
		101 N. Brand Blvd., 11t	h Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		Ed_latour@yahoo.com	to be used for future annual report notifi	
		E-mail address: (to be used for future annual report notifi	ication)
For further in	aformation co	ncerning this matter, please co	all:	
Cheyenne I	Moseley		800 773-0888 ex	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:	,	
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 8, 2016

CHEYENNE MOSELEY 101 N BRAND BLVD 11TH FLOOR GLENDALE, CA 91203

SUBJECT: L & N PROPERTY SOLUTIONS, LLC

Ref. Number: L16000122672

We have received your document for L & N PROPERTY SOLUTIONS, LLC, however, upon receipt of your document no check was enclosed. Please return your document along with a check or money order made payable to the Department of State for \$55.00.

Please return your document, along with a copy of this letter, within 60 days or your filling will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 016A00026157

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

L & N FROPERTY SOLUTIONS, LL	-	
(<u>Name of the Limited Linb</u> (A Flor	ullity Company as it now appears on our recording Limited Liability Company)	(3 4)
The Articles of Organization for this Limited Liability Florida document number 1.16000122672		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li-	mited liability company here:	
The new name must be distinguishable and end with the words "	Limited Liability Company," the designation "LLC	C" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		1 c - 171
(Principal office address MUST BE A STREET ADI	ORESS)	
Enter new mailing address, if applicable:		量ら
(Mailing address MAY RE A POST OFFICE BOX)		
		\$ 6
B. If amending the registered agent and/or reg	ristered office address on our records idress here:	, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	!
	, Fio	rid a
	City	Zip Code
New Registered Agent's Signature, if changing Register	red Agent:	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

Name Jennifer Neumann	Address 4106 Windcrest Drive Wesley Chapel, FL 33544	Type of Action ✓ Add
Jennifer Neumann		
	Wesley Chapel, FL 33544	D Barras
		Remove
·		
		□ Remove
		□ Add
		JAN 12 Add 11 10 10 10 10 10 10 10 10 10 10 10 10

		:C
ii amenui	ing any other information, enter change(s) here: (Attach additional sheets,	ij necessary.)
		····
Effective (date, if other than the date of filing: e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9	(optional)
(The effective	e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 9 s document is filed by the Florida Department of State)	O days after
Dated	November 29th, 2016.	
	E1.12	
	Signature of a member or authorized representative of a member	
	Edmund LaTour	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

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